




## APPENDIX I

### AHCCCS ELIGIBILITY REQUIREMENTS September 1, 2005

 AHCCCS	Where to Apply	Eligibility Criteria				General Information	
		Household Monthly Income by Household Size (After Deductions) <sup>1</sup>	Resource Limits (Equity)	Social Security #	Special Requirements	Benefits	
Coverage for Children							
S.O.B.R.A. Children Under Age 1	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Child living alone Child living with 1 parent 1/2 of Child living with 2 parents 1/3 of	\$1,117 \$1,497 \$1,878	N/A	Required	N/A	AHCCCS Medical Services <sup>3</sup>
S.O.B.R.A. Children Ages 1 - 5	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Child living alone Child living with 1 parent 1/2 of Child living with 2 parents 1/3 of	\$1,061 \$1,422 \$1,784 <sup>2</sup>	N/A	Required	N/A	AHCCCS Medical Services <sup>3</sup>
S.O.B.R.A. Children Ages 6 - 19	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Child living alone Child living with 1 parent or spouse 1/2 of Child living with 2 parents 1/3 of	\$ 798 <sup>2</sup> \$1,070 \$1,341	N/A	Required	N/A	AHCCCS Medical Services <sup>3</sup>
KidsCare Children Under Age 19	Mail to KidsCare 920 E. Madison, MD 500 Phoenix, Arizona 85034	1 \$1,595 2 \$2,139 3 \$2,682 4 \$3,225 Add \$544 per Add'l person		N/A	Required	<ul style="list-style-type: none"><li>Not eligible for Medicaid</li><li>No health insurance coverage within last 3 months</li><li>Not available to State employees, their children, or spouses</li><li>\$10-35 monthly premium covers all eligible children</li></ul>	AHCCCS Medical Services <sup>3</sup>
Coverage for Families or Individuals							
AHCCCS for Families with Children	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	1 \$ 798 2 \$1,070 3 \$1,341 4 \$1,613 Add \$272 per Add'l person		N/A	Required	<ul style="list-style-type: none"><li>Family includes a child deprived of parental support due to absence, death, disability, unemployment or underemployment</li></ul>	AHCCCS Medical Services <sup>3</sup>
AHCCCS Care (AC)	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Applicant living alone Applicant living with spouse 1/2 of	\$ 798 \$1,070	N/A	Required	<ul style="list-style-type: none"><li>Ineligible for any other categorical Medicaid coverage</li></ul>	AHCCCS Medical Services <sup>3</sup>
Health Insurance for Parents	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office or Mail to KidsCare 920 E. Madison, MD 500 Phoenix, Arizona 85034	1 \$1,595 2 \$2,139 3 \$2,682 4 \$3,225 Add \$544 per Add'l person		N/A	Required	<ul style="list-style-type: none"><li>Ineligible for any categorical Medicaid coverage</li><li>Parent living with a child who is eligible under S.O.B.R.A. or KidsCare.</li><li>No health insurance coverage within last 3 months</li><li>Not for State employees, their children, or spouses</li><li>\$15-\$25 monthly premium for each covered parent</li><li>\$15-\$25 enrollment fee before coverage can begin</li></ul>	AHCCCS Medical Services <sup>3</sup>
Medical Expense Deduction (MED)	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	1 \$ 319 2 \$ 428 3 \$ 537 4 \$ 645 Add \$109 per Add'l person		\$100,000 No more than \$5,000 liquid	Required	<ul style="list-style-type: none"><li>Ineligible for any other Medicaid coverage.</li><li>May deduct allowable medical expenses from income</li></ul>	AHCCCS Medical Services <sup>3</sup>
Coverage for Women							
S.O.B.R.A. Pregnant	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	For a pregnant woman expecting one baby: Applicant living alone \$1,422 Applicant living with: 1 parent or spouse 2/3 of \$1,784 Applicant living with 2 parents 1/2 of \$2,145 (Limit increases for each expected child)		N/A	Required	Need proof of pregnancy	AHCCCS Medical Services <sup>3</sup>
Breast & Cervical Cancer Treatment Program	Well Women Healthcheck Program Call 1-888-257-8502 for the nearest office	N/A		N/A	Required	<ul style="list-style-type: none"><li>Under age 65</li><li>Screened and diagnosed with breast cancer, cervical cancer, or a pre-cancerous cervical lesion by the Well Woman Healthcheck Program</li><li>Ineligible for any other Medicaid coverage</li></ul>	AHCCCS Medical Services <sup>3</sup>



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### Coverage for Elderly or Disabled People

<b>Long Term Care</b>	ALTCS Office Call 602-417-7000 or 1-800-654-8713 for the nearest office	\$ 1,737 Individual	\$2,000 Individual <sup>4</sup>	Required	<ul style="list-style-type: none"> <li>Requires nursing home level of care or equivalent</li> <li>May be required to pay a share of cost</li> <li>Estate recovery program for the cost of services received after age 55</li> </ul>	AHCCCS Medical Services <sup>3</sup> , Nursing Facility, Home & Community Based Services, and Hospice
<b>SSI CASH</b>	Social Security Administration	\$ 579 Individual \$ 869 Couple	\$2,000 Individual \$3,000 Couple	Required	<ul style="list-style-type: none"> <li>Age 65 or older, blind, or disabled</li> </ul>	AHCCCS Medical Services <sup>3</sup>
<b>SSI MAO</b>	Mail to SSI MAO 1209 E. Washington, MD 400 Phoenix, Arizona 85034	\$ 798 Individual \$1,070 Couple	N/A	Required	<ul style="list-style-type: none"> <li>Age 65 or older, blind, or disabled</li> </ul>	AHCCCS Medical Services <sup>3</sup>
<b>Freedom to Work</b>	Mail to: 701 E. Jefferson MD 7004 Phoenix, AZ 85034 602-417-6677 1-800-654-8713 Option 6	\$1,595 Individual Only Earned Income is Counted	N/A	Required	<ul style="list-style-type: none"> <li>Must be working and either disabled or blind</li> <li>Must be age 16 through 64</li> <li>Premium may be \$0 to \$35 monthly</li> </ul> + Need for Nursing home level of care or equivalent is required for Long Term Care (Nursing Facility, Home & Community Based Services, or Hospice)	AHCCCS Medical Services <sup>3</sup>  Nursing Facility, Home & Community Based Services, and Hospice

### Coverage for Medicare Beneficiaries

<b>QMB</b>	Mail to SSI MAO 1209 E. Washington, MD 400 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$ 798 Individual \$1,070 Couple	N/A	Required	<ul style="list-style-type: none"> <li>Entitled to Medicare Part A</li> </ul>	Payment of Part A & B premiums, coinsurance, and deductibles
<b>SLMB</b>	Mail to SSI MAO 1209 E. Washington, MD 400 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$ 798.01 – \$ 957 Individual \$1,070.01 – \$1,283 Couple	N/A	Required	<ul style="list-style-type: none"> <li>Entitled to Medicare Part A</li> <li>Not receiving Medicaid benefits</li> </ul>	Payment of Part B premium
<b>QI-1</b>	Mail to SSI MAO 1209 E. Washington, MD 400 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$ 957.01 – \$1,077 Individual \$1,283.01 – \$1,444 Couple	N/A	Required	<ul style="list-style-type: none"> <li>Entitled to Medicare Part A</li> <li>Not receiving Medicaid benefits</li> </ul>	Payment of Part B premium
<b>QDWI</b>	Mail to SSI MAO 1209 E. Washington, MD 400 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$1,595 Individual \$2,139 Couple	\$4,000 Individual \$6,000 Couple	Required	<ul style="list-style-type: none"> <li>Entitled to enroll in Medicare Part A</li> <li>Not receiving Medicaid benefits</li> </ul>	Payment of Part A premium

**NOTE:** Applicants for the above programs must be Arizona residents and either U.S. citizens or qualified immigrants.

Applicants for S.O.B.R.A., AF Related, AC, MED, SSI-MAO, and Long Term Care who do not meet the citizen/immigrant status requirements may qualify for Emergency Services.

<sup>1</sup> Income deductions vary by program, but may include work expenses, child care, and educational expenses.

<sup>2</sup> Income considered is the applicant's income, plus a share of the parent's income for a child, or a share of the spouse's income for a married person.

<sup>3</sup> AHCCCS Medical Services include, but are not limited to, doctor's office visits, immunizations, hospital care, lab, x-rays, and prescriptions.

<sup>4</sup> If the applicant has a spouse living in the community, between \$19,020 and \$95,100 of the couple's resources may be disregarded.